STATUS: PERMIT NUMBER: SUBMISSION ID: Original 4MP00028*AM 1025671 FACILITY: H2-Oh-Yeah LOCATION: 2134 C.R. 224 **STATION CODE:** 401

MONITORING PERIOD: Ashley, OH 43003

2020-12-01 To: 2020-12-31 REPORTING LAB: COUNTY: Morrow Brookeside DISTRICT: CDO ANALYST: jeffrey williamson NO DISCHARGE INDICATOR: AL

PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 m	l inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Dis	
SAMPLING							
TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2020-12-01							
2020-12-02							
2020-12-03		-				 	
2020-12-04		-					
2020-12-05 2020-12-06	***************************************	-					
2020-12-07	***************************************				-		
2020-12-08		1	1	1		!	
2020-12-09							
2020-12-10							
2020-12-11							
2020-12-12							
2020-12-13							
2020-12-14							
2020-12-15	***************************************						
2020-12-16				<u> </u>			
2020-12-17 2020-12-18		-					
2020-12-18				1			
2020-12-20							
2020-12-21		İ					
2020-12-22							
2020-12-23							
2020-12-24							
2020-12-25		8					
2020-12-26							
2020-12-27		<u> </u>					
2020-12-28		-					
2020-12-29							
2020-12-30 2020-12-31		-					
Minimum	000000000000000000000000000000000000000						000000000000000000000000000000000000000
Maximum	000000000000000000000000000000000000000						
Average Count							
Name of Resp	h orized have j a tive famili submi	personally exame ar with the info tted herein and	rmation based on my	; I Signature o Author	f Responsible ized Represent	Official or ative	Submission Date/Time
inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				te g			Certification Version Date 2021-02-18 11:02

Page 1

 SUBMISSION ID:
 1025671
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 401

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:jeffrey williamson

NO DISCHARGE INDICATOR: AL

			NO	DISCHARGE II	NDICATOR:	AL	
PARAMETER	Flow Rate						
PARAMETER CODE	50050						
UNITS	MGD						
FREQUENCY	When Disch.						
SAMPLING	24hr Total						
TYPE	Estimate						
2020-12-01							
2020-12-02							
2020-12-03				***************************************			
2020-12-04							
2020-12-05							
2020-12-06							
2020-12-07							
2020-12-08							
2020-12-09		8					
2020-12-10 2020-12-11							
2020-12-11		1					
2020-12-12		1					
2020-12-14		†					
2020-12-15							
2020-12-16							
2020-12-17							
2020-12-18							
2020-12-19							
2020-12-20							
2020-12-21							
2020-12-22							
2020-12-23							
2020-12-24							
2020-12-25							
2020-12-26							
2020-12-27							
2020-12-28							
2020-12-29	***************************************					************************	***************************************
2020-12-30 2020-12-31		-					
Minimum	000000000000000000000000000000000000000			000000000000000000000000000000000000000			***************************************
Maximum	000000000000000000000000000000000000000			000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	
Average	000000000000000000000000000000000000000			000000000000000000000000000000000000000	200000000000000000000000000000000000000	000000000000000000000000000000000000000	ennessenness (200000000000000000000000000000000000
Count			L. L				
Name of Responsible I certify under the penalty of law that I Official or Authorized have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals							Submission Date/Time
Jeffrey Jeffrey Williamson Williamson Immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.							Certification Version Date 2021-02-18 11:02

Page 2

 SUBMISSION ID:
 1025671
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 402

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

			N	O DISCHARGE I	NDICATOR:	AL	
PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 m	I inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Dis	ch. When Disch.
SAMPLING Type	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2020-12-01							
2020-12-02							
2020-12-03							
2020-12-04		-					
2020-12-05		-				 	
2020-12-06 2020-12-07		<u> </u>		<u> </u>			
2020-12-07	***************************************	-				 	
2020-12-09		-				 	
2020-12-10		-					
2020-12-11		1					
2020-12-12							
2020-12-13							
2020-12-14							
2020-12-15							
2020-12-16							
2020-12-17							
2020-12-18		-				 	
2020-12-19 2020-12-20		<u> </u>		}			
2020-12-20						 	
2020-12-22		1				 	
2020-12-23		1				-	
2020-12-24		•					
2020-12-25		1				İ	
2020-12-26		1		<u> </u>		i	
2020-12-27							
2020-12-28							
2020-12-29							
2020-12-30		<u></u>					
2020-12-31						<u> </u>	
Minimum							
Maximum							
Average	000000000000000000000000000000000000000						000000000000000000000000000000000000000
Count							
Name of Resp Official or Aut Representa	horized _{have p} ative familia submi	personally exame ar with the info tted herein and	rmation based on my		of Responsible rized Represent		Submission Date/Time
inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurand complete. I am aware that there are significant penalties for submitted information, including the possibility of fine and imprisonment.				ce			Certification Version Date 2021-02-18 11:02

Page 3

 SUBMISSION ID:
 1025671
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 402

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

PARAMETER	Elew Bate						
900000000000000000000000000000000000000	Flow Rate						
PARAMETER CODE	50050						
UNITS	MGD						
FREQUENCY	When Disch.						
SAMPLING	24hr Total						
TYPE	Estimate						
2020-12-01							
2020-12-02	***************************************						
2020-12-03							
2020-12-04 2020-12-05		<u></u>					
2020-12-05		8 8		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
2020-12-06							
2020-12-07		<u> </u>					
2020-12-09							
2020-12-10							
2020-12-11		0000					
2020-12-12							
2020-12-13							
2020-12-14							
2020-12-15							
2020-12-16							
2020-12-17							
2020-12-18				*****			
2020-12-19							
2020-12-20		8 8		***************************************			
2020-12-21							
2020-12-22							
2020-12-23							
2020-12-24							
2020-12-25 2020-12-26							
2020-12-20		Š					
2020-12-28							
2020-12-29							
2020-12-30		**************************************		***************************************	***************************************	***************************************	
2020-12-31							
Minimum							
Maximum	***************************************						
Average	000000000000000000000000000000000000000		***************************************	000000000000000000000000000000000000000		000000000000000000000000000000000000000	
Count	000000000000000000000000000000000000000		000000000000000000000000000000000000000	***************************************	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
	oncible Toorti	ir under the see	alty of law that	I Signature e	f Posnonsible	Official or	Submission
Official or Aust	horized have -	ersonally exami	iaity of iaw tiidt	1 Jigilatule C	ized Represent	ative	Date/Time
Representa	itive mave p	ersonany exami	metion	1 7441101	nopiesent	~~! * ~	·
Representative familiar with the information submitted herein and based on my							
000000000000000000000000000000000000000		y of those indivi		000000000000000000000000000000000000000	000000000000000000000000000000000000000	***************************************	
			ole for obtaining				
		ormation, I beli					content
Jeffre			is true, accurat	е			Certification
		mplete. I am aw					Version Date
William:	SON are sig		es for submitting	J			2021-02-18 11:02
	talse ii	nformation, incl					
	possib	ility of fine and	imprisonment.				

Page 4

 SUBMISSION ID:
 1025671
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 403

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

			N	O DISCHARGE I	NDICATOR:	AL	
PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 m	l inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disc	
SAMPLING							
TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2020-12-01 2020-12-02							
2020-12-03							
2020-12-04						!	
2020-12-05		<u></u>				!	
2020-12-06							
2020-12-07 2020-12-08	***************************************		-				***************************************
2020-12-08		<u> </u>	-			 	
2020-12-10	***************************************						
2020-12-11		8					
2020-12-12		1					
2020-12-13							
2020-12-14							
2020-12-15							
2020-12-16							
2020-12-17							
2020-12-18							
2020-12-19		<u> </u>	 			 	
2020-12-20		<u> </u>				!	
2020-12-21 2020-12-22		8					
2020-12-22		1				 	
2020-12-23		1				-	
2020-12-25		8				i	
2020-12-26		•					
2020-12-27	***************************************	1		<u></u>		1	***************************************
2020-12-28							
2020-12-29							
2020-12-30							
2020-12-31							
Minimum							
Maximum							
Average	000000000000000000000000000000000000000						
Count							
Name of Resp Official or Aut Representa	horized have pative familia submi	personally examer ar with the infort tted herein and	rmation based on my	I Signature of Author	of Responsible rized Represent		Submission Date/Time
inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				ce l			Certification Version Date 2021-02-18 11:02

Page 5

 SUBMISSION ID:
 1025671
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 403

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

				DISCHARGE II		AL	
PARAMETER	Flow Rate						
PARAMETER CODE	50050						
UNITS	MGD						
FREQUENCY	When Disch.						
SAMPLING	24hr Total						
TYPE	Estimate						
2020-12-01							
2020-12-02		1					
2020-12-03			Ī				
2020-12-04							
2020-12-05							
2020-12-06							
2020-12-07							
2020-12-08							
2020-12-09							
2020-12-10							
2020-12-11							
2020-12-12							
2020-12-13							
2020-12-14		1					
2020-12-15							
2020-12-16							
2020-12-17							
2020-12-18							
2020-12-19							
2020-12-20							
2020-12-21							
2020-12-22							
2020-12-23							
2020-12-24		-					
2020-12-25		-					
2020-12-26		-					
2020-12-27		-					
2020-12-28		-					
2020-12-29	***************************************	-					***************************************
2020-12-30 2020-12-31				***************************************			
Minimum							
Maximum	000000000000000000000000000000000000000			***************************************			100000000000000000000000000000000000000
Average	000000000000000000000000000000000000000	010000000000000000000000000000000000000	600000000000000000000000000000000000000	000000000000000000000000000000000000000	200000000000000000000000000000000000000		
Count							
Name of Resp Official or Aut Representa	horized _{have j} itive famili submi	ify under the pen personally exami ar with the infor itted herein and l ry of those indivi	ned and am mation based on my	Signature o Author	f Responsible ized Represent		Submission Date/Time
Jeffrey Williamson Wil							Certification Version Date 2021-02-18 11:0

Page 6

1025671 H2-Oh-Yeah 2134 C.R. 224 Original **4MP00028*AM** SUBMISSION ID: STATUS: FACILITY: LOCATION: PERMIT NUMBER: STATION CODE: MONITORING PERIOD:

Ashley, OH 43003

COUNTY: Morrow **REPORTING LAB:** Brookeside DISTRICT: CDO ANALYST: jeffrey williamson

NO DISCHARGE INDICATOR:

			141	D DISCHARGE I	VDICATOR.		
PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rat	e Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1/2 Weeks	1/2 Weeks	1 / 2 Weeks	1 / 2 Wee	00000000000 00 00000000000000000000000
SAMPLING						24hr Tot	al
TYPE	Grab	Grab	Grab	Grab	Grab	Estimate	Grab
2020-12-01							
2020-12-02		************************************		***************************************			
2020-12-03							
2020-12-04		***************************************					
2020-12-05		***************************************					
2020-12-06 2020-12-07	F0F0	2250	0000				
2020-12-07	.5850	.3350	.0000				
2020-12-08							
2020-12-10							
2020-12-11							
2020-12-12							
2020-12-13		***************************************					
2020-12-14	.5940	.3050	.0000	19.3800	.1786	.0000	.5560
2020-12-15							
2020-12-16							
2020-12-17		***************************************					
2020-12-18							
2020-12-19							
2020-12-20		***************************************		***************************************	***************************************		
2020-12-21	.6300	.2520	.0000				
2020-12-22							
2020-12-23 2020-12-24							
2020-12-25							
2020-12-26							
2020-12-27							
2020-12-28	.5550	.2950	.0000	19.5100	.1786	.0000	.5470
2020-12-29							
2020-12-30		***************************************					
2020-12-31							
Minimum	0.555	0.252	0.0	19.38	0.1786	0.0	0.547
Maximum	0.63	0.335	0.0	19.51	0.1786	0.0	0.556
Average	0.591	0.29675	0	19.445	0.1786	0	0.5515
Count	4	4	4	2	2	2	2
Name of Resp Official or Aut Represent	ative familia submit	y under the per ersonally exam: r with the infor ted herein and of those indivi	ined and am mation based on my	I Signature o Authori	f Responsible (ized Represent	Official or ative	Submission Date/Time
Jeffre William	immed the info submit and con are sign false in	ole for obtaining	e			Certification Version Date 2021-02-18 11:0:	

Page 7

 SUBMISSION ID:
 1025671
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 602

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:jeffrey williamson

NO DISCHARGE INDICATOR:

				O DISCHARGE II	TO TO THE		
PARAMETER	Sludge Solids, Percent Volatile	Freeboard	рН	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitrogei Inorgani Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1/2 Weeks	1/2 Weeks	1/Month	1/Month	1/Month	1/Month	1
SAMPLING							
TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2020-12-01							
2020-12-02							
2020-12-03							
2020-12-04							
2020-12-05						***************************************	
2020-12-06			7.23	445.0			
2020-12-07 2020-12-08			7.63	AA5.0	.0000	AA5.0	
2020-12-08							
2020-12-09							
2020-12-10							
2020-12-12							
2020-12-13							
2020-12-14	27.6010	2					
2020-12-15						***************************************	
2020-12-16							
2020-12-17							
2020-12-18							
2020-12-19							
2020-12-20						******************************	
2020-12-21							
2020-12-22							
2020-12-23							
2020-12-24 2020-12-25							
2020-12-25							
2020-12-27							
2020-12-28	27.1460	2					
2020-12-29							
2020-12-30	***************************************	***************************************	***************************************	***************************************		***************************************	
2020-12-31							
Minimum	27.146	2.0	7.63	0.0	0.0	0.0	
Maximum	27.601	2.0	7.63	0.0	0.0	0.0	
Average	27.3735	2		0	0	0	
Count	2	2	1	1	1	1	.00000000000000000000000000000000000000
Name of Resp Official or Auti Representa	horized have p tive familia submit	ersonally exam r with the infor ted herein and	mation based on my	I Signature o Author	f Responsible (ized Representa		Submission Date/Time
inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				ee e			Certification Version Date 2021-02-18 11:02

Page 8

FACILITY: LOCATION: H2-Oh-Yeah 2134 C.R. 224 PERMIT NUMBER: MONITORING PERIOD: 4MP00028*AM

2020-12-01 To: 2020-12-31

Ashley, OH 43003

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
-----------------	-------------------	-------------------	------	------	---------